



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Jayna Friend

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Medicare Provider Number: 150059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$172677019
Outpatient Patient Service Revenue	\$337924698
Total Gross Patient Service Revenue	\$510601717

2. Deductions From Revenue

Contractual Allowance	\$304783687
Other Deductions	\$8933094
Total Deductions	\$313716781

3. Total Operating Revenue

Net Patient Service Revenue	\$196884936
Other Operating Revenue	\$12545568
Total Operating Revenue	\$209430504

4. Operating Expenses

Salaries and Wages	\$78326562	Employee Benefits	\$14100702
Depreciation and Amortization	\$15533458	Interest Expense	\$1389116
Bad Debt	\$12129999	Other Expenses	\$100669881
Total Operating Expenses	\$222149718		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6124861	Total Assets	\$420025825
Net Non-operating Gains over Loss	\$-3730033	Total Liabilities	\$176148363

Total Net Gains	\$2394828
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$252678927	\$149080567	\$103598360
Medicaid	\$52655769	\$31066904	\$21588865
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$205267021	\$125529310	\$79737711
Total	\$510601717	\$305676781	\$204924936

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$95000	\$-95000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	55
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3316000	
HCI Payments	\$0		
Subtotal	\$0	\$3316000	\$-3316000
Medicaid Shortfalls	\$5825000	\$7326990	
Subtotal	\$5825000	\$10642990	\$-4817990
DSH Payments	\$4,475,420		
Subtotal	\$10300420	\$10642990	\$-342570
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$10300420	\$10642990	\$-342570

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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